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PERMANENT RECORD
WRITE PLAINLY WITH UNFADING INK
In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Hila</u>	BUREAU OF VITAL STATISTICS		
District of _____	ORIGINAL CERTIFICATE OF BIRTH		
Town of <u>Miami</u>	State Index No. <u>174</u>		
or _____	County Registrar No. <u>860</u>		
City of _____	Local Registrar No. _____		
No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Euphemia Martinez Escareno</u> } If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
5. No., in order of birth <u>10</u>		7. Date of birth <u>Oct. 29-1924</u>	
6. FATHER		14. MOTHER	
Full name <u>Francisco Escareno</u>		Full maiden name <u>Maria Bonilla</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>45</u> (Years)		17. Age at last birthday <u>40</u> (Years)	
12. Birthplace (city or place) <u>Zacatecas</u>		18. Birthplace (city or place) <u>Zacatecas</u>	
(State or country) <u>Mex</u>		(State or country) <u>Mex</u>	
13. Occupation		19. Occupation	
Nature of industry <u>miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>5</u>			
(b) Born alive but now dead <u>5</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>2 A.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Cyril M. Brown M.D.</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>Miami, Arizona</u>	
Registrar. _____		Filed <u>DEC 30</u> , 19 <u>24</u>	
		Local Registrar. <u>He B. Brown</u>	
		County Registrar. <u>B. G. Gray</u>	

556-1029-421